

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION  WC-101i (r-3-06)	<b>NOTICE OF MOTION FOR          TEMPORARY AND/OR          MEDICAL BENEFITS          (N.J.A.C. 12:235-3.2)</b>	CASE NO'S.:  VICINAGE:
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<b>PETITIONER</b>	SOCIAL SECURITY NUMBER:		<b>ATTORNEY FOR PETITIONER</b>	<input type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER NUMBER <input type="checkbox"/> NJ REG NUMBER	
	NAME:	DOB:		NAME:	
	COUNTY OF RESIDENCE:			ADDRESS:	
ADDRESS:		TELEPHONE NUMBER (AREA CODE):			
<b>vs</b>					
<b>RESPONDENT</b>	NAME:		<b>INSURANCE CARRIER</b>	NAME <span style="float: right;"><input type="checkbox"/> SELF-INSURED    <input type="checkbox"/> NOT-COVERED</span>	
	COUNTY:	CLAIM NUMBER:			
	ADDRESS:	ADDRESS:			

TO: \_\_\_\_\_  
 (Respondent's Attorney)

\_\_\_\_\_  
 (Address)

**This Motion is supported by affidavit(s) and/or certification(s) made in the personal knowledge of the:**

☐ **Petitioner and/or**                      ☐ **Petitioner's Attorney**

**Petitioner alleges that:**

**A. Temporary Disability Benefits**

☐ Petitioner is currently totally temporarily disabled and entitled to temporary disability benefits from \_\_\_\_\_ and continuing at the rate of \$ \_\_\_\_\_ per week. Respondent provided benefits from \_\_\_\_\_ through \_\_\_\_\_ at the rate of \$ \_\_\_\_\_ per week.

**B. Medicals**

☐ **As set forth in the attached medical report(s)\* of** \_\_\_\_\_

**Petitioner is currently in need of:**

- ☐ **Medical treatment** \_\_\_\_\_
- ☐ **Diagnostic studies** \_\_\_\_\_ ; and/or
- ☐ **Referral to a specialist(s)** \_\_\_\_\_

\* Medical report(s) must state the medical diagnosis. If the petitioner, having received treatment, cannot secure a report of the medical provider authorized by the respondent, this may be set forth in the affidavit in lieu of the physician's report.

**NOTICE OF MOTION FOR  
TEMPORARY AND/OR  
MEDICAL BENEFITS  
(N.J.A.C. 12:235-3.2) page 2**

CASE NO'S.:

VICINAGE:

- C. Other Information Attached or Enclosed if available** (see attached) ☐  
**Itemized bill (s) and report(s) of treating physician(s) and/or institutions for which services petitioner is seeking payment (list here or attach).**

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- D. Other Evidence in Support of Motion** (see attached) ☐  
**(list here or attach)**

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Dated: \_\_\_\_\_

\_\_\_\_\_  
*Attorney for Petitioner*